# Exhibit G

1. Applicant's Full Name: PARK Ha	14 SW
2. Applicant's local mailing address: POBOX	\$4-4°
3. Name of Business: UNKG VIN Co	oep I Poker
4. Business' mailing address in CNMI: POBO	x 503428 C.K
5. Form of Business: ☐ Sole Proprietorship (Check опе) ☐ Association	☐ Partnership ☐ Non-profit Organization
6. Business phone no. ラ34ー オタ4タ (If none, give number presently used)	7. Location of Business in CNMI:
8. The Applicant is the president other.	□ Rota Suupe  (Village or area)
(Specify)	NUMBER OF MACHINES

### IMPORTANT REQUIREMENT

All new and renewed license applications for amusement machines must be accompanied by a listing of machines to be licensed showing owing information: (A) type of machine to be licensed; (B) serial number of machines to be licensed, (C) the location where the machine is to be used, (the location must include the name and address of the establishment), and (D) the license tags issued by Revenue and Taxation.

All amusement license tees shall become due and payable at the time the license application is submitted to Revenue and Taxation.

A separate license certificate shall be issued for each class of machine showing the serial numbers of machines licensed and the numbers of the license tags issued by Revenue and Taxation.

I, the Applicant, hereby certify that the statements contained herein are true and correct. I further agree that any license to be issued will be granted and accepted upon the condition that I will fully comply with the requirement of 4 CMC §1503, its accompanying regulations, and other laws and regulations of the Commonwealth Government of the Northern Mariana Islands.

Signature of Applicant Date

## BELOW FOR OFFICIAL USE ONLY

The Cashier certifies	that the applicable lic	ense fee(s) have bee	n paid,	그 그는 사람들			A WAY
Amount: \$	21,0	<i>0</i> 0. 1		Receipt No.	541	0406	
Penalty.					$\sim a \sim$		
Interest:		2) <i>aar</i>		$\mathcal{L}_{\mathcal{L}}$	Kena)	_ 0	1200
Total Fee(s	) Paid: \$	21,000	<u>kontan Protik Sa</u> ra (1902) Palish Alabana a sara ba		Signature of Cashi	<u> </u>	Date
First Endorsement:							
The Enforcement and	Regulatory Branch ha	s reviewed this applicat	on and hereby reco	ommends: 🗹 :	approval 🗆 disa	approval of the	business license
If disapproved give o	escon(c)	<b>建设计划等数据的</b>					

(1) Klandy
Enforcement Officer Date

the issuance of the business license in the preceeding endorsement.

1/16/04 Date 0040

Director, Revenue and Taxetion



# Case 1:05-cv-00019 Document 77-6 Filed 07/15/2006 Revenue and Taxation

Department of Finance

P.O. Box 5234 CHRB SAIPAN, MP, 95950

TEL. (570) 664-1000

FAX. (670) 664-1015

Page 3 of 6

# QUARTERLY POKER FEE PAYMENT SCHEDULE (Saipan)

Owner: <u>\</u>	·MC7 \	وبرر ر		22		
Address:	0 30%	K CO	3 1/2	$\frac{\rho}{\rho}$		Renewal
Tax Identification	Number:					Ll New

Initial payment deposit \$ 21,000.00, Receipt # 846406

Serial # Tag #	Amount Due Date	Date Paid	Receipt #	
L×0329	S3,000.00		846406	Verified by
	53,000.00 11-1-0-3			
3rd Payment	\$3,000.00			
4th Payment	\$3,000.00   5.1.04		t fine de la companya	

S		The state of the s	C. 电压制电路机 一种原用效果。		
67	Serial# Tag#	Amount Duc Date	Date Paid	Receipt #	- Wardaga (1) da ser (1), control Elektronia del Lagranda (1)
- [	<b>いいい</b>	\$3,000.00		<u>al distribution</u> of the first	Verified by
	2nd Payment	53,000,00	8.29.03	846406	of some community of
 	3rd Payment				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	4th Payment	S.1.04		法国第二条 医二氯	

	<b>3</b>				
$\searrow$	Serial# Tag #	Amount Duc Date	Date Paid	Receipt #	Verified by
1	N12081	\$3,000.00	8.29.03		verified by
	2 <sup>nd</sup> Payment	.\$3,000.00 1/-1.03		070706	
7	3rd Payment	53,000.00 2.1.04			
	4th Payment	53,000.00			<u>Barrier grand die Albert auf er</u> Gebeure
<u></u>			1 / 1 / 1 / 1 / 1 / 1 / 1		

St. Company of the Co		A second territorial and the				, ° °
Serial # Lag #	Amount	Due Date	Date Paid	Receipt #	Verified by	ŀ
1-3278	S3,000.00		The second of th	846406	vermed by	r:
2nd Payment		1.03		V (V 40D		
3rd Payment		1.04				1
4th Payment	_ 3 x 60 x 1 ye   120,000	1.04				
je rama, i sa jednika kaziri učusta		<del></del>				

I understand that pursuant to 4 CMC §1503(c), a minimum initial deposit of 25% of the total annual poker license fee shall be paid prior to issuance of a license. The remaining balance for that license year shall be due on the first day of the month of each quarter and thereafter in equal installments. Failure to comply with these provisions shall result in the revocation of the poker license.

Name and Signature of Applicant

Form BLR02-04



Owner:					Tax Identi	lication Numl	Der 1
Serial #	Tag #	Amou	ni S	Duc Date			
232786		\$1,000		500000000000000	Date Baid	Receipt #	Verified 1
	,2 <sup>nd</sup> Payor			THE PROPERTY OF THE PARTY OF TH	8.29.03	846406	
	3" Paym			11.1.03			
	4 <sup>th</sup> Paymo	14675 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487 - 1487	*********	2.1.04			
	a a a a a a a a a a a a a a a a a a a	ent [ \$3,000.0	<i>1</i> 0 [	5-1104			
Carlo Con				An in the March of the	iran and I did alto	akida daga mengelari da daga	***
Serial#	Tag#	Amaun		Due Date	Date J'aid	Receipt #	
N 8 CH18	1	S3.000 t	) (		8-29-03	846406	Verified by
	2 <sup>nd</sup> Payme		o i	11.1.03		₹ 7 Ø ΨV ≽ ,	
	3rd Payme	nt \$3,000.0	0	2.1.04			
	4th Paymer	1 53,000.0	0 1	5-1-04			
				3 1 0 1			
Serial #	Tag#	Amount	T	<u> 1865 arts ar Nobellion.</u> 188 <mark>1 arts - S</mark> anton T			
97139		\$3,000.00		Due Date	Date Paid	Receipt #	Verified by
					8-29.03	846406	
a - we a dep	2 <sup>nd</sup> Paymen			11.1.03			
	1. 1. 1. No. 1. 18 (1997) 18.		200	2.1.04			
	A <sup>ia</sup> Paymeni	S3,000.00		5-1.04			
Serial #	Tag#	Amount		Due Date	Date Paid	Receipt #	
		\$3,000.00	<b>*</b>			Keceipi #	Yerified by
	2 <sup>nd</sup> Payment	\$3,000:00					
u a din da Historia da di Salama. Ngjaran	3rd Payment	\$3,000.00	17			<u>्रिक्षेत्रिक रेजानुस्तर्भक्त के ज्ञानिक महास्त्रक है।</u> यह सुरक्षित के सम्बद्धित के सम्बद्धित स्त्री के	i pinkasan palaging sakeat Izon
	4th Payment	\$3,000.00					
			٠,				
Serial #	Tag#	Amount	1 3				
	e jaran era	1	-15(4)	Due Date	Date Paid	Receipt #	Merified by
	2.04 - 2	\$3,000.00					
	2nd Payment	53,000.00					
	3rd Payment	53,000.00					
	4th Payment	\$3,000,00					
					Sales St. 15		11-8-24
Serial#	Tag#	- Amoudt	1.00	Due Date	Date Paid	D	
	August Marie	\$3,000 00	3245			Receipt #	Verified by
	2nd Payment	53,000,00	1.6.32.3				
	3rd l'ayment	\$3,000.00					探电源的现在形式
	4th Payment	\$3,000.00	10 m Kara	<u>도 경영하고 한 학교 부모수 있습니다.</u> 1. 한국 관계를 가는 기구 중인	11/42/2014 A.		
		25.1000.00 (c)		<u>Constitutivation (S. P.).</u> Debt at the Analog Color			
crial#	lag#	보고하고 송작됐다. 일본학교로 가고다			40000000000000000000000000000000000000	MARKETY	Janes West
	4.0700000000000000000000000000000000000	Amount	(1)	uc Date 1	Pate l'aid	Receipt #	Verified by
<u> 1886 - 1903 (1884)</u> (1886) J. (1887) (1886) (1886)	A Park of Facility San To	\$3,000,00	- N	Warning.			575-27190 A 18 621 6 55
	and the second of the second of T	53,000,00					
		S3,000.00					[경기를 보고] 그 최근에게 맛 [경기를 보고] 그리고 하는데
	4" Payment	00,000,62	50.21	Transfer and the second			

DIVISION OF REVENUE AND TAXATION

Department of Finance

COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS

SAIPAN, MP 96950



# **APPLICATION FOR BUSINESS LICENSE**

	companying regulations, the undersigned hereby make an application of DONER MACHINES DONES F
In consideration for the issuance of such license, the applicant propossible.)	ovides the following information: (Answer each item as accurately a
1. Applicant's Full Name: TUNG, TW CO	DEF
2. Applicant's local mailing address:	6731/28 7K
3. Name of Business:	
4. Business' mailing address in CNMI:	
Form of Business: □ Sole Proprietorship	□ Partnership
(Check one)	☐ Non-profit Organization
6 Builton honor	7: Location of Business in CNMI:
6. Business phone no. 235 - 43 - 4	☑ Salpan □ Northern Islands
	□ Tinian (specify Island) □ Rota
8. The Applicant is the	☐ Rota (village or area)
owner president other Sere for (Specify)	10 NUMBER OF MACHINES
of the license tags issued by Revenue and Taxation.  The Applicant, hereby certify that the statements contained herein are true accepted upon the condition that I will fully comply with the requirement of 4 Commonwealth Government of the Northern Mariana Islands.	e and correct. If further agree that any license to be issued will be granted an CMC §1503, its accompanying regulations, and other laws and regulations of the control of
Signature of Applicant	Date
BELOW FOR OF	FICIAL USE ONLY
The Cashier certifies that the applicable license fee(s) have been paid.	HF4 [25] [18] [24] - 14[24] - 15[24] -
(얼룩 연호 전 요일 연간 전략 하다 한 12 기본 학생 사람들이 되었다) [2] 4	소리 부터의 일을 받는 그른 말을 하실 것 같은 처럼 가고 있다.
	1026603
Amount \$ 30,000 ·	Receipt No.: 1026603
Penalty:	Receipt No.: 1026603
Penalty: Interest:	Receipt No.: 1026603
Penalty: Interest: Total Fee(s) Paid: \$ 20,000 -	Receipt No.: 1026603  Signature of Cashier Date
Penalty: Interest: Total Fee(s) Paid: \$ 20,000.  First Endorsement:	Signature of Cashier Date
Penalty: Interest: Total Fee(s) Paid: \$ 3D, 000.  First Endorsement: The Enforcement and Regulatory Branch has reviewed this application and heret	Signature of Cashier Date
Penalty: Interest: Total Fee(s) Paid: \$ 3D, 000.  First Endorsement: The Enforcement and Regulatory Branch has reviewed this application and heret	Signature of Cashier Date
Penalty: Interest: Total Fee(s) Paid: \$_30_600.  First Endorsement: The Enforcement and Regulatory Branch has reviewed this application and heret f disapproved, give reason(s):	Signature of Cashier Date
Penalty: Interest: Total Fee(s) Paid: \$ 3D 600  First Endorsement: The Enforcement and Regulatory Branch has reviewed this application and heret If disapproved, give reason(s):  [1]	Signature of Cashier Date
Penalty: Interest: Total Fee(s) Paid: \$	Signature of Cashier Date
Penalty: Interest: Total Fee(s) Paid: \$ 3D 600  First Endorsement: The Enforcement and Regulatory Branch has reviewed this application and here! If disapproved, give reason(s):  (1)	Signature of Cashier Date  by recommends: Dapproval disapproval of the business licens
Penalty: Interest: Total Fee(s) Paid: \$ 30,000.  First Endorsement: The Enforcement and Regulatory Branch has reviewed this application and here! If disapproved, give reason(s):  (1) Enforcement Officer Oate	Signature of Cashier Date
Penalty: Interest: Total Fee(s) Paid: \$ 3D 600  First Endorsement The Enforcement and Regulatory Branch has reviewed this application and heret if disapproved, give reason(s):  (1)	Signature of Cashier Date  by recommends: Dapproval disapproval of the business licens

0060

Director, Revenue and Taxation

